

MAY 06 2005

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Appl. No. : 10/033,536 Confirmation No.: 7359  
Applicant : BUCKLEY, MARK C.  
Title : TAMPER RESISTANT MAGNETIC CONTACT  
APPARATUS FOR SECURITY SYSTEMS  
Filed : NOVEMBER 1, 2001  
TC/A.U. : 2636  
Examiner : LA, ANH V.  
Docket No. : CKS5042.26A  
Cust. No. : 8156

**MAIL STOP AF**  
**Commissioner for Patents**  
**P.O. Box 1450**  
**Alexandria, VA 22313-1450**


**AMENDMENT AFTER FINAL ACTION**

Dear Sir:

In response to the final Office Action mailed 01/24/2005, please amend the above-identified U.S. patent application as follows:

**Amendments to the Claims** are reflected in the listing of claims that begins on page 2 of this paper.

**Remarks/Arguments** begin on page 13 of this paper.

<b>AMENDMENT TRANSMITTAL LETTER (Large Entity)</b>				Docket No. <b>CKS5042.26A</b>	
Applicant(s): <b>BUCKLEY, MARK C.</b>					
Application No. <b>10/033,536</b>	Filing Date <b>11/01/2001</b>	Examiner <b>LA, ANH V.</b>	Customer No. <b>8156</b>	Group Art Unit <b>2626</b>	Confirmation No. <b>7359</b>
Invention: <b>TAMPER RESISTANT MAGNETIC CONTACT APPARATUS FOR SECURITY SYSTEMS</b>					
<u>COMMISSIONER FOR PATENTS:</u>					
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.					
<b>CLAIMS AS AMENDED</b>					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	49	53	0	x \$50.00	\$0.00
INDEP. CLAIMS	7	8	0	x \$200.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT</b>					<b>\$0.00</b>
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 07-1137 <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038. <b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b>					
 _____ <b>John P. O'Banion, Reg. No. 33,201</b> <b>O'BANION &amp; RITCHEY LLP</b> <b>400 Capitol Mall, Suite 1550</b> <b>Sacramento, CA 95814</b> <b>(916) 498-1010</b>			Dated: <u>5/6/05</u>		
CC:			I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class-mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on _____ _____ (Date) _____ Signature of Person Mailing Correspondence _____ Typed or Printed Name of Person Mailing Correspondence		

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